

DOCKET NO *RM-11032*

CPC 203

CERTIFIED

ORDER DATED <i>8/12/04</i>
<i>29-3505</i>
MIMEOGRAPH NO.

RECEIVED & INSPECTED
MAIL

RETURN

RECEIPT 172 REQUESTED

NAME: *RM-11032
John E. Fiorini, III
Wiley, Rein & Fielding
1776 K Street, N.W.
Washington, DC 20006 BY

FCC-MAILROOM

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7002 0510 0003 8378 8204

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ <i>4.42</i>

Sent To: *John E. Fiorini III*
Street, Apt. No.,
or PO Box No. *1776 K St N.W.*
City, State, ZIP+4 *Washington DC 20006*

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
*RM-11032
John E. Fiorini, III
Wiley, Rein & Fielding
1776 K Street, N.W.
Washington, DC 20006

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
AUG 19 2004

C. Signature *X* *John Fiorini* ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
8378 8204